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GAU 36 25

03500.015232.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Thompson Jr., Forest
TORU NIKI, ET-AL.)
: Group Art Unit: 3625
Application No.: 09/818,603)
:
Filed: March 28, 2001)
:
For: GROUP BULK PURCHASE)
SYSTEM USING NETWORK : July 13, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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GROUP 3600

AMENDMENT

Sir:

In response to the Office Action dated April 13, 2004, please amend the
above-identified application, as follows:

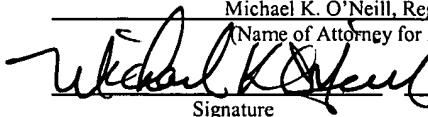
I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

July 13, 2004

(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622

(Name of Attorney for Applicants)



Signature

July 13, 2004

Date of Signature



In re Application of:

TORU NIKI, ET AL.

Application No.: 09/818,603

Filed: March 28, 2001

For: GROUP BULK PURCHASE
SYSTEM USING NETWORK

THE COMMISSIONER FOR PATENTS

P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 18	= 0	x \$9 \$18	.00
INDEP. CLAIMS	* 6	MINUS	*** 7	= 0	x \$43 \$86	.00
Fee for Multiple Dependent claims \$145°/\$290						.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						.00


* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3800
Facsimile: (212) 218-2200

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